

# DISCLOSURE DIVISION

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☒ **WAIVER REQUEST**  
☐ **ANSWER**  
☐ **RECONSIDERATION REQUEST**  
☐ **UNTIMELY**

**DATE:** 7/2/2021

**DOCKET #:** 2021-512

Ashley Wimberley, Director  
Disclosure Division

## FILER INFORMATION

Name: Ms. Amber M. Brown  
Address: 1135 Jackson Ave Apt 203, New Orleans, LA 70130  
Office/Position: International High School of New Orleans  
# of Disclosures/Amendments Filed with Agency: 5  
Years Covered: 2018-2019  
Final Report: No (Final Year 2019)

## REPORT INFORMATION

Name of Report: Tier 3 Annual Personal Financial Disclosure covering calendar year 2018 - Amendment  
Report ID: PFD19008053  
Original Due Date: 5/15/2019  
Initial PFD Filed on: 5/28/2019  
NOD-amend Received: 10/26/2020 - Signed by: Kerry Sims  
Amendment/Answer Due Date based on NOD: 11/4/2020  
Amendment/Answer Filed: 11/20/2020

## LATE FEE INFORMATION

Amount of Late Fee: \$800  
Days late from receipt of NOD: 16  
Total days late from initial due date: 555  
Late Fee Order Received: 4/29/2021  
Payment/Waiver Request Due Date: 5/19/2021  
Waiver Request Received: 5/6/2021

## COMMENTS:

Amber Brown stated there were extenuating circumstances that prevented her from submitting the PFD by the 11/4/2020 deadline. She stated she experienced the loss of a parent and the onset of the Covid-19 Pandemic within a year. As a result of personal loss and having to work from home, she unable to access her office or receive office mail. As records will show, all correspondents were sent to her office address of 2020 Gravier Street in New Orleans. She was not able to go back into the office until 11/20/2020. When she realized she missed the filing deadline, she promptly contacted the BOE and immediately filed the amended report. Ms. Brown stated she is currently enrolled at Louisiana State University and cannot afford to pay the late fee of \$800, without it impacting her educational pursuits. This is Ms. Brown's first late fee assessment.

## OTHER LATE FEE INFORMATION

### Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

### Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

May 6, 2021

Amber M. Brown  
1135 Jackson Ave Apt 203  
New Orleans, LA 70130

RE: Tier 3 Annual Personal Financial Disclosure Statement for 2018 – Amendment International  
Charter School of New Orleans **Late Fee Assessment - Report: PFD19008053**

Dear Board of Ethics

I am responding to your contact about a late fee pursuant to La. R.S. 42:1124.4. You contacted me by mail, on April 27, 2021, and identified this late fee. I am writing to request that you waive the late fee of \$800.


There were extenuating circumstances that prevented me from submitting the Tier 3 Annual Personal Financial Disclosure Statement for the calendar year 2018 by November 4, 2020. I experienced the loss of a parent and the onset of the pandemic within a year. As you can imagine my priorities immediately shifted for myself and many Americans. As a result of personal loss and the work from home order given by the institution, I was unable to access my office or receive my office mail. As records will show, all correspondents were sent to my office address 2020 Gravier Street, 3rd Floor, New Orleans, LA 70112. It was not until November 20, 2020, when I returned to campus that I realized I missed the October 26, 2020, Notice of Delinquency.

I promptly contacted the office using the contact information on the letter and immediately filed the amended Tier 3 Annual Personal Financial Disclosure Statement for calendar year 2018. I am very concerned this will be forwarded to will be forwarded to the Attorney General's Office to pursue collection.

I am currently enrolled at Louisiana State University and I cannot afford to pay the late fee of \$800 without it impacting my educational pursuits.

If you have any questions, please contact me at 678-761-5789 or [abro321@lsu.edu](mailto:abro321@lsu.edu).

Sincerely,

  
Amber M. Brown



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**

P. O. BOX 4368  
BATON ROUGE, LA 70821  
(225) 219-5600  
FAX: (225) 381-7271  
1-800-842-6630  
[www.ethics.la.gov](http://www.ethics.la.gov)

**CERTIFIED MAIL**

**NO. 70200640000107363102**

**RETURN RECEIPT REQUESTED**

October 23, 2020

Amber M. Brown  
2020 Gravier Street, Room 339  
New Orleans, LA 70112

**RE: NOTICE OF DELINQUENCY - AMEND  
PFD19008053**

Dear Ms. Brown:

Pursuant to La. R.S. 42:1124.4, if a person fails to file a Personal Financial Disclosure Statement as required by 42:1124, 1124.2, 1124.2.1, or 1124.3; omits information; or files inaccurately, a Notice of Delinquency shall be issued. A review of your Tier 3 Personal Financial Disclosure Statement covering 2018 that was filed with this office on May 28, 2019, indicates the following error(s) or omission(s):

**You are required to disclose income received (during calendar year 2018) from the Louisiana State University Health Sciences Center on SCHEDULE B.**

**You have 7 business days from the date of receipt of this Notice** to file an amendment to your Statement, or to submit a written Answer contesting the allegations. **Failure to file** within the 7 days will subject you to an automatic late fee of \$50 per day up to a maximum of \$1,500. Proof of timely filing is determined by the U.S. Postal Service postmark; receipt from the U.S. Postal Service; or receipt from a commercial delivery service.

If you would like to view the report that was initially filed to further explain the omission and/or correction needed, you may visit our website at [www.ethics.la.gov](http://www.ethics.la.gov). If you have any questions, you may contact me at 225/219-5600 or 800/842-6630.

Sincerely,

Tammy Frazier  
Compliance Investigator

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Amber M. Brown  
2020 Gravier Street, Room 339  
New Orleans, LA 70112



3102



9590 9402 5367 9189 0214 74

2. Article Number (Transfer from service label)

7020 0640 0001 0736 3102

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Keer V. Sims*☐ Agent☒ Addressee

B. Received by (Printed Name)

*Keer V. Sims*

C. Date of Delivery

10/26/20

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ NoTO: ENVELOPE BACK  
DOES NOT GO HERE

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

ail

ail Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

10.23 TF

Domestic Return Receipt

**File Recieved by Website Upload**  
**May 06, 2021 1:08 pm**

**Document Type: Waiver Request/Appeal**

**Filer Name: Amber M Brown**

**Filer E-mail: abro49@lsuhsc.edu**

**Original File Name: Brown\_Late Fee Waiver.pdf**

**Page Count: 3**

**Final File Name: 20210506\_637559032886823818.pdf**